

# KENTUCKY WATER WELL RECORD

Please read all instructions prior to completing this form. Do not write in shaded area. The original copy of this form must be submitted within 30 days of well completion to the Kentucky Environmental and Public Protection Cabinet, Division of Water - Groundwater Branch, 14 Reilly Road, Frankfort, KY 40601. Telephone (502) 564-3410.

(TYPE OR PRINT CLEARLY)

Attach Water Well Record

Identification Number Label Here

(If Applicable)

## (2) GENERAL INFORMATION:

Well Owner's Name Last First MI			Owner's Phone ( ) None ( )			Date Received:		
Mailing Address			Well Address ( ) Same as owner's address			(3) AKGWA NUMBER: □ □ □ □ — □ □ □ □		
City	State	Zip Code	City	State	Zip Code	(4) VARIANCE WELL: ( ) Yes ( ) No		

(5) WELL LOCATION:	USGS Quadrangle Name	County	Latitude	Longitude
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(6) GENERAL WELL CONSTRUCTION: Start Date: / / Finish Date: / / Drilling Method: Type of Work: ( ) Air Rotary ( ) New Well ( ) Mud Rotary ( ) Rework ( ) Cable ( ) Deepen ( ) Auger ( ) Plug ( ) Other ( ) Clean Surface El.: ft. Total Depth: ft. Depth to Bedrock: ft. Static Water Level: ft.	(7) WELL TEST: Date: / / Testing Method: ( ) Pump ( ) Blowing ( ) Bailer ( ) Other Well Yield: ( ) gpm ( ) gph Drawdown: ft. after ( ) hrs ( ) min of pumping at ( ) gpm ( ) gph ft. after ( ) hrs ( ) min of pumping at ( ) gpm ( ) gph Flowing Artesian Well: Shut-in Pressure: (psi) Discharge: ( ) gpm ( ) gph	(10) PHYSIOGRAPHIC OR HYDROLOGIC REGION: ( ) Blue Grass ( ) Ohio River Alluvium ( ) E. Coal Field ( ) W. Coal Field ( ) Miss. Plateau ( ) Jackson Purchase	(11) WELL SERVICE: Number of people served: Number of service connections:
		(12) WELL USE: ( ) Domestic ( ) Industrial ( ) Dry Hole ( ) Public ( ) Livestock ( ) Heat Pump ( ) Irrigation ( ) Other	

(8) WATER QUALITY: Well was ( ) pumped ( ) bailed ( ) blown ( ) not purged, for hrs. ( ) min., at per ( ) min. ( ) hr. before sampling. Appearance: Odor: ( ) Clear ( ) None ( ) Cloudy ( ) Musty ( ) Muddy ( ) Sulfur ( ) Other ( ) Other	Well Disinfectant: Type Amount Results of ( ) fecal ( ) total coliform analysis: ( ) 0 or <1.0 ( ) TNTC ( ) Confluent # colonies/100 ml Other Sampling Date: / / Analysis Date: / / Lab Performing Test:
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Show well location and distances from permanent structures, septic drain fields, major roads (include name or number) and intersections. **INDICATE NORTH WITH AN ARROW.** Provide a photocopy of a topographic map with the well location clearly marked with an "X", the AKGWA number, and the well owner's name.

(9) WELL COMPLETION: Feet Below Surface Hole Casing Inside Casing Type From To Diameter (in.) Diameter (in.)			
Casing joint: ( ) Glued ( ) Threaded ( ) Welded ( ) No Joint ( ) Other			
Well head (Casing Top) Seal: ( ) Well Cap ( ) Sanitary Seal ( ) Other			
Was a pitless adapter installed?: ( ) yes ( ) no			
Screen or Casing Perforation, if applicable: I.D. (in.) From To ft. Type Slot Size I.D. (in.) From To ft. Type Slot Size			
Annulus Fill and Seal: Feet Below Surface From To Material			

(14) PUMP DATA: Was a pump installed?: ( ) Yes ( ) No	
Date installed: / /	Pump Type: ( ) Submersible Horsepower ( ) Jet Rating (gpm) ( ) Driller ( ) Turbine Pump intake set at ( ) Pump Installer ( ) Hand feet below ground surface ( ) Home Owner ( ) Bailer/Bucket or Other ( ) Other

(15) LITHOLOGIC LOG:		
Feet Below Surface From To	Description	Water Quality and GPM

(16) COMMENTS:		
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(17) AFFIRMATION: The work described above was done under my supervision, and this report is true and correct to the best of my knowledge. NOTE: The water well driller is not responsible for natural groundwater quality or quantity encountered while drilling or completing this well.

Well Driller's or Rig Operator's Name (Print or Type)	State Certification Number or Rig Operator's Permit No.	Signature of Responsible Certified Driller
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Company Mailing Address	City	State	Zip Code	Date
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Number of Attached sheets	One copy to Division of Water, one copy to Owner, one copy to Driller's Files	DEP-4045
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